

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101551, 711

FILING DATE

10-3-05

APPLICANT(S)

12-13-05 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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22						
23						
24						
25						
26						
27						
28						
29						
30						
31						1 -
32						1 -
33						1 -
34						1 -
35						1 -
36						1 -
37						1 -
38						1 -
39						1 -
40						1 -
41						1 -
42						1 -
43						1 -
44						1 -
45						1 -
46						1 -
47						1 -
48						1 -
49						1 -
50						1 -
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		0	←		←
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1 -		
52				1 -		
53				1 -		
54				1 -		
55				1 -		
56			1	1 -		
57				1 -		
58				1 -		
59				1 -		
60						
61						
62						
63						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		26	←		←
TOTAL CLAIMS			29			